



NURSE PRACTITIONER PROGRAM APPROVAL APPLICATION

The Board of Nursing must review and approve an applicant's nurse practitioner educational program before it issues nurse practitioner certification to practice in Maryland. The program approval process is associated with Maryland Regulation 10.27.07.06 (nurse practitioner Education).

The completed application will assist the Board's review of your nurse practitioner program. Please include appropriate documentation to support the information you submit.

(Submit a separate form for each program for which you seek approval.)

<p>NAME AND FULL ADDRESS OF COLLEGE OR UNIVERSITY:</p>	
<p>CONTACT PERSON'S NAME, TITLE, TELEPHONE NUMBER AND EMAIL ADDRESS:</p>	
<p>IS COLLEGE OR UNIVERSITY A SARA MEMBER?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>HAS PROGRAM BEEN APPROVED BY SARA?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>NAME OF THE NURSE PRACTITIONER PROGRAM/ TRACK: <i>(SUBMIT ONE (1) COMPLETED APPLICATION PER NP PROGRAM/TRACK)</i> & DEGREE/CERTIFICATE CONFERRED:</p>	
<p>TYPE OF PROGRAM:</p>	<p><input type="checkbox"/> CLASSROOM <input type="checkbox"/> ONLINE</p>
<p>DATES OF PROGRAM OPERATION:</p>	

ACCREDITATION		
SCHOOL ACCREDITATION/ APPROVAL AGENCY:		
DATE OF SCHOOL ACCREDITATION:		
NAME & DATE OF NP PROGRAM ACCREDITATION:		
IS THE PROGRAM AFFILIATED WITH OR CONDUCTED BY A MEDICAL, PUBLIC HEALTH, NURSING OR MEDICAL FACILITY?	<input type="checkbox"/> YES	IF YES, PROVIDE THE NAME OF THE MEDICAL, PUBLIC HEALTH, NURSING OR MEDICAL FACILITY.
	<input type="checkbox"/> NO	

WHAT ARE THE ADMISSION REQUIREMENTS?

ARE THE STUDENTS REGISTERED NURSES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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SUBMIT A SAMPLE [FULL-TIME] CURRENT PROGRAM OF STUDY FOR THIS NURSE PRACTITIONER PROGRAM

PRESENT COURSE DESCRIPTIONS FOR THIS NURSE PRACTITIONER TRACK
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ARE FACULTY MASTER'S DEGREE PREPARED OR HIGHER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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FACULTY

**LIST THE FACULTY FOR THIS NURSE PRACTITONER TRACK
(INCLUDE PROFESSIONAL ACADEMIC CREDENTIALS AND PRACTICE AFFILIATIONS)**

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CLINICAL PRACTICE SITES

**LIST EXAMPLES OF THE FACILITIES OR PRACTICE SETTINGS USED FOR CLINICAL PRACTICE
SITES FOR THIS NURSE PRACTITIONER SPECIALTY
(HOSPITALS, NURSING HOMES, PRIVATE OFFICES, SPECIALTY CLINICS, ETC.)**

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IF OTHER THAN FACULTY, LIST THE NAME AND CREDENTIALS OF PRECEPTORS

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HOW ARE STUDENTS EVALUATED IN CLINICAL SETTINGS?

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NUMBER OF CLINICAL PRACTICE PROGRAM HOURS:

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**FORWARD COMPLETED
APPLICATION BY:**

MAIL: **Advanced Practice Department
Maryland Board of Nursing
4140 Patterson Avenue
Baltimore, MD 21215-2254**

OR

EMAIL: mbon.advancedpractice@maryland.gov

APPROVED BY BOARD: 2/24/98; 3/2016; 2/2018

REVISED: 5/20/9; 5/16/03; 12/20/05; 10/06; 3/07; 1/23/2012; 2/2013; 6/2013; 11/2015; 3/2016; 4/2017; 10/2017; 2/2018; 8/2018

**CRITERIA FOR EVALUATION
NURSE PRACTITIONER EDUCATIONAL PROGRAMS
CHECKLIST**

(Submit a separate form for each program for which you seek approval.)

TYPE OF PROGRAM: _____		
Nurse Practitioner faculty have, at the minimum, a master's degree	10.27.07.06.B(1)	
The program operates within an institution of higher learning that is currently accredited by an accrediting agency recognized by the United States Office of Education	10.27.07.06.B(2)	
Students are registered nurses who have completed a formal educational program	10.27.07.06.B(3)	
A variety of clinical sites are used and provide the students with a variety of learning experiences relevant to the area of specialty study and population specific core competencies	10.27.07.06.B(4)	
Curriculum content is appropriate for the specialty and has a didactic and clinical curriculum that, at a minimum, includes advanced courses in: (a) Physiology & Pathophysiology (b) Physical and health assessment (c) Pharmacology; and (d) Diagnosis and management of health problems and diseases commonly encountered within the respective nurse practitioner's population focus	10.27.07.06.B(5)	
Clinical practice is supervised by the faculty	10.27.07.06.B(6)	
The NP program is a nationally accredited education program	10.27.07.06.C(1)	

- Approve**
- Disapprove***
- Approve with Clarification***
 (*Must have written comments if checked)

Comments:

Signature of Reviewer: _____

Date: _____